ONTARIO D CAMPS MEDICAL UPDATE FORM Please bring this form on the first day of camp - DO NOT MAIL (Banting, Discovery and Huronda)														
Last name: First name:														
Contagious diseases: I confirm that my child has not been in contact with or had any communicable disease in the 10 days before camp unless noted here eg. chicken pox, head lice, diarrhea, impetigo, strep throat, etc Signature of Parent/Guardian Date														
Child's brands of insulin and at which meals						Dro	akfact	Lunch		Di	Dinner		edtime	
☐ Lantus						Breakfast				ווט				
☐ Levemir ☐ Apidra														
☐ Humulin-N ☐ Toujeo														
☐ Humalog ☐ Tresiba														
☐ NovoRapid														
Other														
Injector insulin-	ohydrate ratio(s) fo			s) for	or Breakfast			Lunch		Dinner		Bedtime		
carb counting: 1 unit for				# grams carbs:			1: g		1: g		1: g		g	
Correction fac	Sliding Scale for rapid insulin corrections (if used)													
(ISF)			Blood sugar			Breakfast		Lunch		Di	Dinner		Bedtime	
1 unit of rapid insulin														
·		-												
lowers blood sugar		-												
by mmol/L														
For Pumpers: Create a new (duplicate) basal pattern for camp use using same times and rates														
Camp pattern name: Date of last site change:														
Date of last site change.														
Record blood sugars, carb amounts, and insulin doses given during the week prior to camp														
Prior to arrival	Breakfast					Lunch		Dinne		er		Bedtime		
	Sugar	Carl	os	Insulin	Sugar	Carbs	Insulin	Sugar	Carbs	Insulin	Sugar	Carbs	Insulin	
5 days before camp														
4 days before camp														
3 days before camp														
2 days before camp														
Day before camp														
Day of camp								At camp						
Comments:	-	•			-	•								